PTO/SB/22 (11-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008		Docket Number (Optional) 524322000300	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
pplication Number 10/538,538		Filed December 11, 2003	
For FAST LOCALIZATION OF ELECTRICAL FAILURES ON AN INTEGRATED CIRCUIT SYSTEM AND METHOD			
Art Unit 2891		Examiner	I. Anya
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$60.00
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of record. Re		44,417	
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34			
/Peter J. Yim/ Signature		August 26, 2008 Date	
Peter J. Yim			
Typed or printed name		(415) 268-6373 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  Total of forms are submitted.			